

from 2006-2011 for persons 45 years of age and older were included if COPD was the principal diagnosis. Inpatient and outpatient event rates per 1,000 persons by sex were calculated for each observation year in Iowa. The changes in rates over time were estimated using ANOVA. **RESULTS** A total of 34,118 inpatient events studied; 17,866 (52.37%) were for women; 9,943 (29.14%) were for persons under 65 years of age. Of the 33,070 outpatient events studied, 16,200 (48.99%) were for women; 13,308 (40.24%) were for persons under 65 years of age. Annual inpatient event rates per 1000 persons were not significantly different across 6 years (P-value=0.30); outpatient event rates per 1000 persons significantly increased over time (P-value=0.0061). For inpatient and outpatient events, women had significantly lower rates per year (P-value<0.0001). However, the gap between males and females narrowed over time for both types of events. The absolute difference in rates between men and women for inpatient events declined from 1.12 per 1000 persons in 2006 to 0.47 per 1000 persons in 2011. For outpatient events, the absolute difference in rates declined from 2.08 per 1000 persons in 2006 to 0.96 per ,000 persons in 2011. **CONCLUSIONS** There is a changing profile of COPD in Iowa. An increasing number of women and persons younger than 65 years of age experienced hospitalizations and outpatient visits. Approximately one out of three COPD hospital events and two out of five outpatient events occurred among persons of working age (<65). Greater emphasis should be given to the impact of the disease for women and the economic burden for the US work force.

PRS64

HOUSEHOLD EXPENDITURE ON PEDIATRIC ATOPIC DERMATITIS ACROSS 12 COUNTRIES IN THE ASIA PACIFIC REGION

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OBJECTIVES: Atopic dermatitis (AD), also known as eczema, is a common chronic skin condition in childhood that has a negative impact on both patients and their families. A survey was conducted to evaluate the disease burden, financial and quality of life impact of moderate to severe AD across 12 countries in the Asia Pacific region. In this analysis, we examine the costs incurred by households surveyed in managing pediatric atopic dermatitis. **METHODS:** A cross sectional survey was conducted in Australia, China, Hong Kong, India, Indonesia, Korea, Malaysia, Philippines, Singapore, Taiwan, Thailand, and Vietnam in January 2011. An online questionnaire was administered to 1028 parents with children diagnosed with moderate to severe AD (aged 1 - 16 years). Household expenditure measured included expenses for health care services, treatment and investigations, cost of associated conditions and missed days of work. Local currency costs were converted to USD using 2011 exchange rates. **RESULTS:** Median household expenditure on AD was an average of USD 794 per annum, ranging from USD 258 in the Philippines to USD 1706 in Hong Kong. Across the various countries, spending on health care services and physician fees ranged from USD137 in India to USD622 in Singapore, while spending on treatments and investigations ranged from USD100 in Indonesia to USD721 in Hong Kong. Working mothers missed an average of 13.5 days of work in the past year to care for their children with AD. Missed work days ranged from 4.8 days in Korea to as high as 20 days in China. Median productivity losses ranged from USD34 in Vietnam to USD844 per year in Hong Kong. **CONCLUSIONS:** The results of the survey indicate that pediatric AD places considerable burden on household expenditure and productivity in the countries surveyed.

PRS65

RSV HOSPITALIZATION IN INFANTS WITH NEUROMUSCULAR DISEASE IN THE CANADIAN REGISTRY OF SYNAGIS® (CARESS) FOLLOWING PROPHYLAXIS (2005-2012)

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OBJECTIVES: Infants with neuromuscular impairment (NMI) are at high risk of severe respiratory syncytial virus (RSV) infection and may receive palivizumab prophylaxis during the RSV season. This study compared respiratory illness (RIH) and respiratory syncytial virus positive hospitalization (RSVH) rates in NMI infants who received prophylaxis versus those who were prophylaxed for standard indications (SD), and other underlying medical disorders (MD) through the Canadian Registry of Synagis® (CARESS). **METHODS:** CARESS is a prospective, observational study that was conducted in 32 sites across Canada for infants who received ≥1 dose of palivizumab prophylaxis during the 2005-2012 RSV seasons. Compliance and RIH data were collected monthly. **RESULTS:** A total of 13,310 infants were enrolled in the database. 153 had NMI (1.2%), 11,239 SD (84.4%), and 1,918 MD (14.4%). Enrolment age, gestational age, birth weight, as well as the proportions of Caucasians, daycare attendance, smoking exposure, siblings, multiple birth, >5 individuals in the household, and history of atopy, were significantly different (p<0.05) across the three groups. In the NMI group a smaller proportion received all of the expected injections compared to SD or MD groups (58.8% versus 65.8% and 67.9%, p=0.032). The prevalence of RIH and RSVH were much higher in the NMI group than SD or MD (RIH: 18.3% versus 9.6% and 5.9%, p<0.0005) (RSVH: 5.23% versus 1.56% and 1.21%, p<0.0005). Cox proportional hazard analysis showed an increased risk of RSVH in NMI patients compared to SD (hazard ratio=4.33, 95%CI 1.9-9.7, p<0.0005), after adjusting for covariates (injection compliance, daycare attendance, having siblings, exposure to smoking and crowding). **CONCLUSIONS:** Infants with NMI were found to be at higher risk of RIH and RSVH compared to SD or MD. These data support the need for palivizumab prophylaxis in NMI, as recommended by the American Academy of Pediatrics and other international pediatric advisory bodies.

PRS66

KNOWLEDGE, BELIEF AND ATTITUDE OF GENERAL PRACTITIONERS IN PRESCRIBING ANTIBIOTICS FOR UPPER RESPIRATORY TRACT INFECTIONS

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OBJECTIVES: To evaluate the knowledge, attitude and beliefs of general practitioners' (GPs) towards antibiotic prescribing for upper respiratory tract infections **METHODS:** A postal cross-sectional survey was conducted with randomly selected registered GPs in the state of Selangor, Malaysia. A 27-item questionnaire was developed and validated before the posting process. A follow up mail was posted after 3 weeks of the initial mail. **RESULTS:** One hundred and forty-four GPs responded to the survey but only one hundred and thirty nine GPs gave complete information, giving overall response rate of 37%. Fifty-nine percent of the respondents were male and were practicing for an average of 21 years. 89.2% of the GPs agreed that antibiotic resistance is problematic and 88.5% of them concurred that prescription of antibiotics in primary-care can contribute to the problem. However, 56% GPs agreed that antibiotics may reduce the duration of URTIs. Many of the GPs (90%) believed that patients expect antibiotics from them but 78.4% GPs did not prescribed if they think the antibiotics are unnecessary for the patients. 95.7% GPs denied prescribing antibiotics for their financial benefits. First line treatment for uncomplicated URTI commonly chosen by the GPs was amoxicillin (53.2%). The most influential determinant of the GPs prescribing practice is the microbiology laboratory results (54%) followed by their past prescribing experience (41%). **CONCLUSIONS:** Overall knowledge of the GPs regarding antibiotic resistance was adequate but GPs may have incorrect knowledge of effect of antibiotics for uncomplicated URTIs. Understanding the belief and attitude in prescribing antibiotics is important to establish measures in reducing the escalation of antibiotic resistance.

PRS67

TREATMENT OF ASTHMA USING ICS/LABA DRUGS PRE- AND POST-LABEL CHANGE

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OBJECTIVES: Determine whether treatment of asthma with drug therapy in adults has changed since the FDA label change in 2010. This label change stipulates ICS/LABA drugs are to be used only if a patient is uncontrolled on a plain ICS, and then for the shortest period possible after achieving control. **METHODS:** Catalina Health receives data from a nationally representative sample of pharmacy chains, representing approximately 40% of all national retail prescription volume, and comprised of over 130 million unique patients. Data are captured daily from the pharmacies, are fully HIPAA compliant, longitudinal, and not projected. Patient cohorts included patients initiating ICS/LABA therapy as their first controller medication, before and after the label change. Both cohorts were followed for a year to determine if fills of ICS/LABA medication as initial therapy had declined and if days of therapy had shortened. **RESULTS:** Patient cohort consisted of 7,040 patients who initiated ICS/LABA therapy during November, 2008 and 6,971 patients who initiated ICS/LABA therapy during November, 2011. There was no overlap of patients between the two groups. Cohorts had no prior fills of ICS/LABAs or a plain ICS drug. Patients were between the ages of 12 and 40 to eliminate children and COPD patients. Patients with fills of COPD drugs (anticholinergics or xanthines) were excluded. Patients with only one fill of an ICS/LABA and no fills of an ICS during the year were excluded (pneumonia patients). Comparing the two cohorts, the key findings were Average Days of Therapy on the ICS/LABA declined from 78.8 to 76.6 (p-value=.068). Average fills of an ICS/LABA declined from 2.57 to 2.45 (p-value=.002). **CONCLUSIONS:** The differences between the cohorts are small, but are statistically significant, indicating the label change is being adopted in the management of asthma patients.

RESEARCH POSTER PRESENTATIONS – SESSION V HEALTH CARE USE & POLICY STUDIES

HEALTH CARE USE & POLICY STUDIES – Consumer Role in Health Care

PHP1

FACTORS IMPACTING CONSUMERS' EXPECTED LIKELIHOOD AND EXTENT OF INFORMATION SEARCH BEHAVIORS FOR A MEDICAL CONDITION AND A PHARMACEUTICAL TREATMENT

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OBJECTIVES: To identify factors impacting consumers' expected likelihood and extent of information search behaviors for a medical condition and a pharmaceutical treatment. **METHODS:** A telephone interview was administered to a random-digit-dialed sample of 2186 adult consumers in a southern U.S. state. Measurements included expected likelihood of information search for a medical condition and a pharmaceutical treatment (yes/no), expected extent of such behaviors if the answer is a yes (5-point scale), types of medical condition, types of pharmaceutical treatment, types of information sources, frequency of past information search, self-rated health (4-point scale), extraversion (5-point scale), and demographics. Two logistic regressions were conducted, in which the dependent variables were the expected likelihood for a medical condition and a pharmaceutical treatment, respectively; and independent variables were health, extraversion, and demographics. Two OLS regressions were also conducted, in which the dependent variables were the